

www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 013000001		CITY OR TOWN	BRAINTREE
APPLICATION :	FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAN	ME: LOCAL #369 BUI	LDING FUND INC		
DOING BUSINE	ESS A			
ADDRESS 120 I	BAY STATE DRIVE			
CITY/TOWN:	BRAINTREE	STATE: MA	ZIP CODE:	02184
MANAGER: H	IURLEY,DANIEL TY	PE OF LICENSE: Clu	ib (	CATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMI	SES:		
	EMENT BLDG WITH F ACITY OF 225 WITH T			
I hereby certify a	nd swear under penalties	s of perjury that:		
1. the rea	newed license will be of	the same type for the	same premises nov	w licensed;
2. the lic	ensee has complied with	all laws of the Comr	nonwealth relating	to taxes; and
3. the pr	emises are now open for	business (If not expla	ain below)	
SIGNED BY	Individual Domina	or Authorized Corpo	omata Officam	
	marviduai, Parmei	or Authorized Corpo	orate Officer	
DATE:	TELEDITON	IE NII IMDED.	FMPI OYE	ER IDENTIFICATION NUMBER:
	TELEPHON	IE NUMBER:		ndividual Social Security Number)
Acts of 2004, sig	gned by the building in	spector and the head	l of the fire depar	red by Chapter 304 of the tment for the above y Chapter 116 of the Acts
Please Check Below:	<u>.</u>		LOCAL LICEN	ISING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xplain)			
DATE:				



www.mass.gov/abcc

LICENSE NUME	BER: 013000002		CITY OR TOWN	BRAINTREE
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: THE LANDING	PUB,INC.		
DOING BUSINE	SS A LANDING PUI	3		
ADDRESS 2 BR	OOKSIDE & 2 COM	M		
CITY/TOWN: E	BRAINTREE	STATE: MA	ZIP CODE:	02184
	ARRAS, TY ARALAMPOS	YPE OF LICENSE: F	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PREM			
	Q FT OF COMMERC E ON BROOKSIDE I		ΓED AT 2-4 COMME	ERCIAL ST AND
I hereby certify an	nd swear under penalti	es of perjury that:		
1. the rer	newed license will be o	of the same type for the	ne same premises now	licensed;
2. the lice	ensee has complied wi	th all laws of the Cor	nmonwealth relating t	o taxes; and
3. the pre	emises are now open for	or business (If not ex	plain below)	
SIGNED BY				
	Individual, Partn	er or Authorized Cor	porate Officer	
DATE				
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(1101c. <u>1101</u> IIIC	iividuai Sociai Security (vuilibei)
Acts of 2004, sig	ned by the building i	nspector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:	_		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
Of disapproved or	<del></del>			
(If disapproved ex	Apiaiii)			
DATE:				



www.mass.gov/abcc

	CITY OR TOWN BRAIN	TREE
Annual	LICENSED FO	R 2013
CLASS		YEAR
STATE: MA	ZIP CODE: 02184	
OF LICENSE: Res	taurant CATEGOI	RY: All Alcohol
TE AND ENTER YOUR EM	IAIL ADDRESS	
S:		
UNGE BAR,KITO	CHEN AND STORAGE	
perjury that:		
same type for the	same premises now licensed	;
laws of the Comn	nonwealth relating to taxes; a	and
siness (If not expla	in below)	
Authorized Corpo	rate Officer	
NUMBER:		
ctor and the head	of the fire department for	the above
	LOCAL LICENSING AU	THORITY
	By:	
	-	
NSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 13	38 \$ 16A)
	STATE: MA OF LICENSE:Res TE AND ENTER YOUR EN S: UNGE BAR,KITC perjury that: same type for the laws of the Comm siness (If not expla  Authorized Corpo  NUMBER:  possession (1) the ctor and the head quor liability insur	Annual LICENSED FOR CLASS  STATE: MA ZIP CODE: 02184  OF LICENSE: Restaurant CATEGOR  TE AND ENTER YOUR EMAIL ADDRESS SE:  UNGE BAR, KITCHEN AND STORAGE perjury that: same type for the same premises now licensed laws of the Commonwealth relating to taxes; assiness (If not explain below)  Authorized Corporate Officer  NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual Sopossession (1) the certificate required by Chapter and the head of the fire department for quor liability insurance required by Chapter



www.mass.gov/abcc

LICENSE NUMB	ER: 013000004		CITY OR TO	WN BRAINTE	REE
APPLICATION F	OR RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAM	E: MAT-LIND C	HRIS CORPORATIO	ON		
DOING BUSINES	SS A JAIME'S OF	BRAINTREE			
ADDRESS 63 CC	LUMBIAN ST				
CITY/TOWN: B	RAINTREE	STATE: N	IA ZIP COD	DE: 02184	
	ONSTANTINE, ALPH	TYPE OF LICENSE	:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
	F LICENSED PRE				
	IING MAIN FLOO DINING ROOMS	R,ATTIC AND CEL AND KITCHEN	LAR, USED FOR	STORAGE. MAI	IN FLOOR
I hereby certify an	d swear under pena	alties of perjury that:			
1. the ren	ewed license will b	e of the same type for	the same premises	s now licensed;	
2. the lice	ensee has complied	with all laws of the C	ommonwealth rela	ting to taxes; and	
3. the pre-	mises are now oper	n for business (If not e	explain below)		
SIGNED BY					
	Individual, Par	rtner or Authorized C	orporate Officer		
DATE:	TELEPH	HONE NUMBER:		LOYER IDENTIFICA	
			(Note: Note:	OT Individual Social	Security Number)
Acts of 2004, sign	ned by the buildin	e are in possession (1 g inspector and the l te of liquor liability i	head of the fire de	epartment for the	e above
Please Check Below: APPROVED:				CENSING AUTH	IORITY
DISAPPROVED:			By:		
(If disapproved ex	plain)				
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013000005		CITY OR TOWN	BRAINTRI	EE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: CALIFORNI	A PIZZA KITCHEN, INC	C.		
DOING BUSINESS A CALIFORN	NIA PIZZA KITCHEN			
ADDRESS 250 GRANITE STREE	Т			
CITY/TOWN: BRAINTREE	STATE: MA	ZIP CODE:	02184	
MANAGER: LOMBARDO, JON	TYPE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRAPPROX 6,163 SQ.FT. OF RETAI  I hereby certify and swear under per  1. the renewed license will 2. the licensee has complied 3. the premises are now open  SIGNED BY  Individual, P	L RESTAURAUNT SPA nalties of perjury that: be of the same type for the d with all laws of the Com	e same premises now amonwealth relating to lain below)	licensed;	ALL.
DATE: TELEF  We the undersigned, attest that w Acts of 2004, signed by the buildi		(Note: <u>NOT</u> Ind	ed by Chapte	er 304 of the
named license and (2) the certific of 2010.				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 013000007		CITY OR TOWN BRAIN	TREE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	E: BRAINTREE LO	DDGE OF ELKS # 2622	2	
DOING BUSINESS	S A			
ADDRESS 205 EL	M ST			
CITY/TOWN: BR	RAINTREE	STATE: MA	ZIP CODE: 02184	
MANAGER: NE. G.	ARY, RUSSELL TY	YPE OF LICENSE: Club	b CATEGOR	Y: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	F LICENSED PREM			
	FLR-2 ROOMS,HA		IAL ROOM,2 LAVS. MAIN I,2 LAVS, 2 ENT AND EXIT	
I hereby certify and	swear under penalti	es of perjury that:		
1. the rene	wed license will be o	of the same type for the	same premises now licensed;	
2. the licen	isee has complied wi	th all laws of the Comm	nonwealth relating to taxes; an	nd
3. the prem	nises are now open for	or business (If not expla	in below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, sign	ed by the building i	nspector and the head	certificate required by Cha of the fire department for cance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVED:	1-:-)			
(If disapproved exp	nam)			
			-	
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 013000008	CITY OR TOWN BRAINTREE
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: KARMA TRUSTEE LLC, AS TRUS	STEE OF KARMA N
DOING BUSINESS A	
ADDRESS 50 FORBES ROAD	
CITY/TOWN: BRAINTREE STATE: M	IA ZIP CODE: 02184
MANAGER: BUCKLER, TYPE OF LICENSE: STEPHEN A.	Innholder CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
6 STORY HOTEL AND BASEMENT, 204 ROOMS, RESINDOOR AND OUTDOOR POOL, SAUNAS, LOCKER BEXTENSIVE RENOVATIONS ON ATTACHED PLANS	ROOMS AND EXERCISE ROOM.
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	the same premises now licensed;
2. the licensee has complied with all laws of the Co	ommonwealth relating to taxes: and
-	_
3. the premises are now open for business (If not e	_
3. the premises are now open for business (If not e  SIGNED BY  Individual, Partner or Authorized Co	xplain below)
SIGNED BY	xplain below)
SIGNED BY  Individual, Partner or Authorized Co	xplain below)  orporate Officer
SIGNED BY Individual, Partner or Authorized Co	xplain below)
SIGNED BY  Individual, Partner or Authorized Co	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the head of the fire department for the above
SIGNED BY  Individual, Partner or Authorized Co  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the h named license and (2) the certificate of liquor liability in	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the head of the fire department for the above
Individual, Partner or Authorized Control DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the hamed license and (2) the certificate of liquor liability is of 2010.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts
SIGNED BY  Individual, Partner or Authorized Control DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the hamed license and (2) the certificate of liquor liability is of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
SIGNED BY  Individual, Partner or Authorized Control of Telephone Number:  Telephone Number:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the hamed license and (2) the certificate of liquor liability in of 2010.  Please Check Below:  APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
SIGNED BY  Individual, Partner or Authorized Control DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the hamed license and (2) the certificate of liquor liability is of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



www.mass.gov/abcc

LICENSE NUMBER: 01300	10011	CITY OR TOWN DRAINTREE
APPLICATION FOR RENE	EWAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LEGA	AL SEA FOODS, LLC	
DOING BUSINESS A LEG	AL SEA FOODS	
ADDRESS 00250B GRANI	TE AVE	
CITY/TOWN: BRAINTRE	EE STATE: MA	ZIP CODE: 02184
MANAGER: DEL PAPA, MATTHEW		Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENS	SED PREMISES:	
FULLY EQUIPPED KITCH FROM MAIN MALL, ONE	IEN, DINING ROOM,TWO MA	SS AREA CONSISTING OF FULL BAR, AIN EXITS AND ENTRANCES, ONE KING GARAGE, ONE EMERGENCY XIT IN KITCHEN
I hereby certify and swear un	nder penalties of perjury that:	
1. the renewed licer	ase will be of the same type for the	he same premises now licensed;
2. the licensee has c	omplied with all laws of the Cor	mmonwealth relating to taxes; and
3. the premises are	now open for business (If not exp	plain below)
SIGNED BY Indiv	idual, Partner or Authorized Cor	porate Officer
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the	e building inspector and the he	the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
DATE:		



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013000015		CITY OR TOWN	BRAINTRI	EE
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: UNO RESTAURA	NTS, LLC.			
DOING BUSINESS A UNO CHICAGO	GRILL			
ADDRESS 250 GRANITE ST				
CITY/TOWN: BRAINTREE	STATE: MA	ZIP CODE:	02184	
MANAGER: REID, WILLIAM TYP	PE OF LICENSE: Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMIS DINING ROOM, COCKTAIL LOUNGE, I hereby certify and swear under penalties  1. the renewed license will be of the second	SES:  KITCHEN AND ST  of perjury that: the same type for the all laws of the Com	orage-one sto same premises now nonwealth relating to ain below)	v licensed;	
DATE: TELEPHON	E NUMBER:		R IDENTIFICAT dividual Social S	TION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	13000016		CITY OR TO	WN BRAINTE	REE
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: B	BRG TR LLC				
DOING BUSINESS A	JOE'S AMERICA	N BAR & GRILL			
ADDRESS 250 GRANI	TE ST				
CITY/TOWN: BRAIN	TREE	STATE: MA	ZIP COD	E: 02184	
MANAGER: McDAN	IEL, SEAN TYP	E OF LICENSE: Res	taurant	CATEGORY	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LIC					
ONE STORY BLDG A					AND
LOUNGE,BAR, AND F ADD'L EXIT INTO "C"					
GRANITE STREET.					
I hereby certify and swe	•	1 0 0			
		he same type for the			
	•	all laws of the Comm		ting to taxes; and	
3. the premises	are now open for t	business (If not expla	in below)		
SIGNED BY					
	ndividual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
			(Note: NO	<u><b>OT</b></u> Individual Social	Security Number)
We the undersigned, a	attact that we are	in nossession (1) the	cartificata re	aggired by Chan	tor 301 of the
Acts of 2004, signed by					
named license and (2) of 2010.	the certificate of	liquor liability insu	rance require	d by Chapter 11	6 of the Acts
Please Check Below:			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
			-		
DATE:			-		



www.mass.gov/abcc

LICENSE NUMBER	R: 013000018		CITY O	R TOWN	BRAINTRE	EE
APPLICATION FO	R RENEWAL:	Annua	ıl	LICENS	SED FOR 20	13
		CLAS	S		,	YEAR
LICENSEE NAME:	THE PEIKING DUC	CK CO., INC.				
DOING BUSINESS	A					
ADDRESS 731 GRA	ANITE STREET					
CITY/TOWN: BRA	AINTREE	STATE:	MA ZIP	CODE:	02184	
MANAGER: CHE	NG, CARA TYPE	OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER Y	YOUR EMAIL ADDRE	SS		
DESCRIPTION OF	LICENSED PREMISE	ES:				
	AR AND LOUNGE, SN OOLER AND EXTENS E.					
I hereby certify and	swear under penalties o	f perjury that	:			
1. the renew	ved license will be of the	e same type f	or the same pre	mises now	licensed;	
	ee has complied with a			•	taxes; and	
3. the premi	ses are now open for bu	usiness (If no	t explain below	·)		
SIGNED BY	T 12 1 1 D 4	A .1 . 1	0.00			
	Individual, Partner o	r Authorized	Corporate Office	cer		
D.A.TE						
DATE:	TELEPHONE	NUMBER:			IDENTIFICATI ividual Social Se	
			(140	ne. <u>1401</u> mu	ividuai Sociai Se	curity Number)
Acts of 2004, signe	d, attest that we are in d by the building insp (2) the certificate of li	ector and th	e head of the fi	ire departn	nent for the	above
Please Check Below:			LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	• >					
(If disapproved explain	am)					
DATE:						



www.mass.gov/abcc

LICENSE NUN	MBER: 013000024		CITY OR TOWN BRAIL	NTREE
APPLICATION	N FOR RENEWAL	: Annual	LICENSED FC	OR 2013
		CLASS		YEAR
LICENSEE NA	ME: BRAINTRE	EE LODGE #760 SONS OF	ITALY	
DOING BUSIN	NESS A			
ADDRESS 161	KING HILL ROA	.D		
CITY/TOWN:	BRAINTREE	STATE: MA	ZIP CODE: 02184	4
	PISTORINO, ROBERT L.	TYPE OF LICENSE:Ch	ıb CATEGO	PRY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED P			
		ONTAINING 10 ROOMS, NGE SPACE,4 BATHROOM	UPSTAIRS AND DOWNST MS	'AIRS,LARGE
		enalties of perjury that:		
1. the r	renewed license wil	l be of the same type for the	same premises now licensed	d;
2. the l	icensee has compli	ed with all laws of the Com	monwealth relating to taxes;	and
3. the p	premises are now o	pen for business (If not expl	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	EPHONE NUMBER:		FICATION NUMBER:
			(Note: NOT Individual So	ocial Security Number)
Acts of 2004, s	signed by the build	ling inspector and the head	e certificate required by C d of the fire department for trance required by Chapter	r the above
Please Check Below	<u>w:</u>		LOCAL LICENSING AU	UTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	слріані)			
DATE:				



www.mass.gov/abcc

LICENSE NU	MBER: 013000025		CITY OR TOWN BRAINT	REE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: D.A.V. OF B	RAINTREE CHAPTER #2	29 INC.	
DOING BUSI	NESS A			
ADDRESS 78	88 LIBERTY ST			
CITY/TOWN:	: BRAINTREE	STATE: MA	ZIP CODE: 02184	
MANAGER:	SHEEHY, JEREMIAH J.	TYPE OF LICENSE: Vet	erans club CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
-	N OF LICENSED PR			
	OCK BLDG-2 FLOO ES FRONT AND REA		IBERS CLUB ROOM. 2ND F	FLR-HALL
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	d with all laws of the Comn	nonwealth relating to taxes; and	d
3. the	premises are now ope	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
			(110te. 1101 Illulviduai Socia	ii Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by Cha l of the fire department for the rance required by Chapter 1	he above
Please Check Bel			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
			-	
DATE:				



www.mass.gov/abcc

LICENSE NUMBI	ER: 013000026		CITY OR TOWN	3RAINTREE
APPLICATION FO	OR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: TWIN PAUL	'S RESTAURANT INC.		
DOING BUSINES	S A CAMPANA	LE'S		
ADDRESS 88 PEA	ARL ST			
CITY/TOWN: BF	RAINTREE	STATE: MA	ZIP CODE:	02184
	MPANALE, SEPH F. JR.	TYPE OF LICENSE: Re	estaurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PR	EMISES:		
2 ROOMS,KITCH BLDG	EN AND STORE	EROOM ON 1ST FLOOF	t,CELLAR FOR STOR	AGE,ONE STORY
I hereby certify and	l swear under pen	alties of perjury that:		
1. the rene	wed license will l	be of the same type for the	e same premises now lic	censed;
2. the licer	nsee has complied	l with all laws of the Com	monwealth relating to ta	axes; and
3. the pren	nises are now ope	en for business (If not exp	lain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Individ	dual Social Security Number)
Acts of 2004, sign	ed by the building	re are in possession (1) the ng inspector and the hea ate of liquor liability inst	nd of the fire departme	ent for the above
Please Check Below:			LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVED:	1.:)			
(If disapproved exp	naill)			
			<del></del>	<del></del>
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 013000027		CHY	OK TOWN	DKAINIK	D.C.
APPLICATION	N FOR RENEWAL:	Annual		LICEN	NSED FOR 20	)13
		CLASS				YEAR
LICENSEE NA	ME: KOBE JAPANESI	E STEAKHOUSE IN	IC.			
DOING BUSIN	NESS A TOKYO JAPAN	ESE STEAKHOUSE	Ξ			
ADDRESS 250	GRANITE ST					
CITY/TOWN:	BRAINTREE	STATE: MA	ZI	P CODE:	02184	
MANAGER:	HUANG, GRACE TYPI	PE OF LICENSE: Re	staurant	C	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDI	RESS		
	N OF LICENSED PREMIS					
	BLDG CONSISTING OF		LL CEL	LAR FOR S	STORAGE	
	and swear under penalties					
	renewed license will be of		-			
	icensee has complied with premises are now open for			•	to taxes; and	
5. uie j	oremises are now open for	business (II not expi	aiii beio	w)		
SIGNED BY						
SIGNED DT	Individual, Partner	or Authorized Corp	orate Of	ficer		
DATE:	TELEPHON	E NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(1	Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, s	signed, attest that we are signed by the building in and (2) the certificate of	spector and the hea	d of the	fire depart	tment for the	above
Please Check Belo	w:		LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)		-			
DATE:						
· ·						



www.mass.gov/abcc

	CITY OR TOWN BI	RAINTREE
Annual	LICENSED	FOR 2013
CLASS		YEAR
S OF BOSTON LLC		
T-PUB		
STATE: MA	ZIP CODE: 02	2184
PE OF LICENSE: Rest	aurant CATE	GORY: All Alcohol
EBSITE AND ENTER YOUR EM	AIL ADDRESS	
SES:		
of manipum, that		
	same premises now lice	nsed:
* *	•	
	_	,
or Authorized Corpor	rate Officer	
E NUMBER:		INTIFICATION NUMBER:
	(Note: NOT Individu	iai Sociai Security Number)
•	• •	•
	LOCAL LICENSING	G AUTHORITY
	By:	
	Annual CLASS S OF BOSTON LLC T-PUB  STATE: MA PE OF LICENSE: Rest EBSITE AND ENTER YOUR EM. SES:  of perjury that: the same type for the sall laws of the Comm business (If not explain or Authorized Corporation E NUMBER:	CLASS S OF BOSTON LLC T-PUB  STATE: MA ZIP CODE: Of PE OF LICENSE: Restaurant CATE  CESTITE AND ENTER YOUR EMAIL ADDRESS SES:  of perjury that: the same type for the same premises now lice all laws of the Commonwealth relating to tax business (If not explain below)  or Authorized Corporate Officer  E NUMBER: EMPLOYER IDER (Note: NOT Individual in possession (1) the certificate required by Spector and the head of the fire department liquor liability insurance required by Challer LOCAL LICENSING



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 013000030		CITY OR TOWN	BRAINTREE
APPLICATION FOR	RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	KYRANIS, INC			
DOING BUSINESS	A MARIA'S REST			
ADDRESS 240 QUII	NCY AVE			
CITY/TOWN: BRA	INTREE	STATE: MA	ZIP CODE:	02184
	ANIS, TYP ANASIOS	PE OF LICENSE: Resi	taurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
BASEMENT AND K FIRST FLOOR LOB RESTROOMS				
I hereby certify and sy	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	the same type for the	same premises now lie	censed;
	•		onwealth relating to t	axes; and
3. the premis	ses are now open for l	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
			(Note: NOT Indivi	dual Social Security Number)
Acts of 2004, signed	l by the building ins	pector and the head	of the fire departme	by Chapter 304 of the ent for the above hapter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ın)			
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	.: 013000031		CITY OR TOW	VN BRAINTR	EE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SO.SHORE VI	KING ASSOC.INC.			
DOING BUSINESS	A				
ADDRESS 410 QUI	NCY AVE				
CITY/TOWN: BRA	INTREE	STATE: MA	ZIP CODE:	: 02184	
MANAGER: CHRI	*	TYPE OF LICENSE: Clu	ıb	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF I					
	EETING ROOM	ANS LIVING QUARTER 1,SERVICE KITCHEN,B AGE			lG
I hereby certify and s	wear under pena	lties of perjury that:			
1. the renew	ed license will be	e of the same type for the	same premises n	now licensed;	
	-	with all laws of the Comr		ng to taxes; and	
3. the premis	ses are now open	n for business (If not expla	ain below)		
SIGNED BY	Individual, Par	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPH	HONE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signed	by the building	e are in possession (1) the g inspector and the head te of liquor liability insu	d of the fire dep	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:	<u> </u>				
(If disapproved expla	.III <i>)</i>				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 013000032		CITY OR TOWN	BRAINTREE
APPLICATION FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: KARMA TRUST	EE LLC, AS TRUSTE	E OF KARMA N	
DOING BUSINESS A			
ADDRESS 30 FORBES ROAD			
CITY/TOWN: BRAINTREE	STATE: MA	ZIP CODE:	02184
MANAGER: DIANA, PETER TY	PE OF LICENSE: Res	taurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
FIRST FLOOR BUILDING, DINING R	OOM,LOUNGE AND	STORAGE	
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	f the same type for the	same premises now li	censed;
2. the licensee has complied with	th all laws of the Comm	nonwealth relating to t	axes; and
3. the premises are now open for	or business (If not expla	in below)	
SIGNED BY			
Individual, Partne	er or Authorized Corpo	rate Officer	
DATE: TELEPHO	NE NUMBER:		DENTIFICATION NUMBER:
		(Note: NOT Indiv	idual Social Security Number)
We the undersigned, attest that we ar	e in possession (1) the	e certificate required	by Chapter 304 of the
Acts of 2004, signed by the building in	nspector and the head	of the fire departme	ent for the above
named license and (2) the certificate of 2010.	of liquor liability insu	rance required by C	hapter 116 of the Acts
Please Check Below:		LOCAL LICENSIN	NG AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
(== ====print)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G	.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBE	R: 013000034		CITY OR TO	NN BRAINTE	REE
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	Nordtrom Inc				
DOING BUSINESS	A Nordstrom Café	Bistro			
ADDRESS 250 GR	ANITE STREET				
CITY/TOWN: BR	AINTREE	STATE: MA	ZIP CODE	02184	
MANAGER: SER	IO,REBECCA TY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	/EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMI				
	). FT. LOCATED ON OM STORE ; EMER				
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	ved license will be of	the same type for the	ne same premises	now licensed;	
	see has complied with			ng to taxes; and	
3. the prem	ises are now open for	business (If not exp	plain below)		
SIGNED BY	Individual, Partne	r or Authorized Corp	porate Officer		
	,				
DATE:	TELEPHON	NE NUMBER:	EMPLO	YER IDENTIFICA	TION NUMBER:
	TEEETHOT	VE I VOIVIBEIX.	(Note: NO	Γ Individual Social	Security Number)
Wa the and and an	J attact that we are	- i (1) 4	l		4au 204 a£4b a
	ed, attest that we are ed by the building in				
named license and of 2010.	(2) the certificate of	f liquor liability ins	surance required	by Chapter 11	6 of the Acts
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
			-		
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF NOVEMBI	ER (M.G.L. Ch. 138 \$	16A)



www.mass.gov/abcc

LICENSE NUMBER: 01	13000035		CITY OR TOW	'N BRAINTR	EE
APPLICATION FOR RI	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: BI DOING BUSINESS A ADDRESS 356 WASHI		2 VFW OF TI	HE U.S. INC.		
CITY/TOWN: BRAIN	TREE STA	ATE: MA	ZIP CODE:	02184	
	RICHARD TYPE OF L	ICENSE: Vet		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	ASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISES:				
ONE FLOOR,2 HALLS	KITCHEN AND REST	ROOMS			
I hereby certify and swea	ar under penalties of perju	ıry that:			
1. the renewed l	icense will be of the same	e type for the	same premises n	ow licensed;	
2. the licensee h	as complied with all laws	s of the Comm	onwealth relatin	g to taxes; and	
3. the premises	are now open for busines	s (If not expla	in below)		
SIGNED BY	ndividual, Partner or Auth	norized Corpo	rate Officer		
DATE:	TELEPHONE NUM	BER:		YER IDENTIFICATION INDIVIDUAL SOCIAL SECTION S	
Acts of 2004, signed by	ttest that we are in poss the building inspector the certificate of liquor	and the head	of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



www.mass.gov/abcc

LICENSE NUI	MBER: 013000037		CITY OR TOV	VN BRAINTR	EE
APPLICATION	N FOR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSIN		COLUMBUS CLUB B	LDG. ASSN. INC		
CITY/TOWN:	BRAINTREE	STATE: MA	ZIP CODE	: 02184	
MANAGER:	O'BRIEN, JAMES	TYPE OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PRE	EMISES:			
	OG,BAR AND STORA USED FOR FUNCTI	AGE, 2 ROOMS ON BA	ASEMENT LEVE	L AND 2 ROOM	IS ON
I hereby certify	and swear under pena	lties of perjury that:			
1. the	renewed license will be	e of the same type for the	ne same premises i	now licensed;	
2. the 1	licensee has complied	with all laws of the Con	nmonwealth relati	ng to taxes; and	
3. the 1	premises are now open	n for business (If not ex	plain below)		
SIGNED BY	Individual, Par	rtner or Authorized Con	porate Officer		
DATE:	TELEPH	IONE NUMBER:		YER IDENTIFICAT	
Acts of 2004,	signed by the building	e are in possession (1) g inspector and the he te of liquor liability in	ad of the fire dep	artment for the	above
Please Check Belo	ow:		LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	corpiani)				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	013000038		CITY OR TOWN BRAIN	VIKEE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME:	CAMDEN SST, I	INC		
DOING BUSINESS A	SOUTH SIDE T	ΓAVERN		
ADDRESS 941 WASI	HINGTON ST.			
CITY/TOWN: BRAI	NTREE	STATE: MA	ZIP CODE: 02184	
MANAGER: CONR	OY, SEAN TY	γPE OF LICENSE: R€	estaurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREM	ISES:		
	ND STORAGE. C		R. 25 X 32 BASEMENT. ATT RUCTURE WITH CLAPBO	
I hereby certify and sw	ear under penaltie	es of perjury that:		
1. the renewed	l license will be o	f the same type for the	e same premises now licensed	;
2. the licensee	has complied wit	th all laws of the Com	monwealth relating to taxes; a	and
3. the premise	s are now open for	or business (If not exp	lain below)	
SIGNED BY			0.00	
	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:			EMBLOWED IDENTIFIE	WG A TWO NAN HAN ADED
DATE.	TELEPHO!	NE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004, signed	by the building i	nspector and the hea	ne certificate required by Ch ad of the fire department for urance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	1)			
DATE:				
DATE.				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013000040		CITY OR TOWN	BRAINTRE	EE		
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13		
	CLASS			YEAR		
LICENSEE NAME: TIKI PALACE, INC.						
DOING BUSINESS A						
ADDRESS 1177 WASHINGTON ST.						
CITY/TOWN: BRAINTREE	STATE: MA	ZIP CODE:	02184			
MANAGER: YIP, SAMMY C. S. TYPE	OF LICENSE: Resi	taurant CA	ATEGORY:	All Alcohol		
EMAIL ADDRESS:						
DESCRIPTION OF LICENSED PREMISES:  FREE STANDING BUILDING. KITCHEN, LOUNGE AND DINING AREA  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY						
Individual, Partner or	Authorized Corpor	rate Officer				
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent license and (2) the certificate of li of 2010.	ector and the head	of the fire departr	nent for the	above		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY		
DATE:						



www.mass.gov/abcc

LICENSE NUMBER: 0130000	)41	CITY OR TOWN BRAINTREE
APPLICATION FOR RENEW	Annual Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BRAIN' DOING BUSINESS A ADDRESS 175 WEST HOW		AL ORDER OF MOOSE
CITY/TOWN: BRAINTREE	STATE: MA	ZIP CODE: 02184
MANAGER: GAINE, DENIS	J. TYPE OF LICENSE:Cl	ub CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS
DESCRIPTION OF LICENSE	D PREMISES:	
		ING FENCED IN WITH STOCKADE ONLY FOR CLUB FUNCTIONS
I hereby certify and swear under	er penalties of perjury that:	
1. the renewed license	will be of the same type for the	e same premises now licensed;
	•	monwealth relating to taxes; and
3. the premises are no	w open for business (If not expl	lain below)
SIGNED BY Individu	nal, Partner or Authorized Corp	orate Officer
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the b	uilding inspector and the hea	ne certificate required by Chapter 304 of the ad of the fire department for the above urance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disupproved explain)		
DATE:		



www.mass.gov/abcc

LICENSE NUMBER	R: 013000042		CITY OR TOWN	BRAINTRE	SE .
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	DAVE & BU	STER'S OF MASSACHU	JSETTS,INC.		
DOING BUSINESS	A DAVE & B	USTER'S			
ADDRESS 250 GRA	ANITE STREE	Т			
CITY/TOWN: BRA	AINTREE	STATE: MA	ZIP CODE:	02184	
	BINSON, ARLES D.	TYPE OF LICENSE: In	nholder C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF					
MAIN ENTRANCE EAST SIDE OF TH		. THE NEW ENTRANCE 3 EXITS	E FOR THE HOTEI	L WILL BE O	N THE
I hereby certify and	swear under per	nalties of perjury that:			
1. the renew	ved license will	be of the same type for the	e same premises now	licensed;	
2. the licens	see has complied	d with all laws of the Com	monwealth relating t	to taxes; and	
3. the premi	ises are now ope	en for business (If not exp	lain below)		
-					
SIGNED BY					
	Individual, P	artner or Authorized Corp	orate Officer		
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICAT	
			(Note: NOT Inc	dividual Social Se	ecurity Number)
Acts of 2004, signe	d by the buildi	re are in possession (1) the ng inspector and the hea ate of liquor liability inst	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
			<del></del>		
DATE:					



www.mass.gov/abcc

43	CITY OR TOWN	BRAINTREE
AL: Annual	LICENSI	ED FOR 2013
CLASS		YEAR
	TAURANTS INC	
REET		
STATE: MA	ZIP CODE:	02184
TYPE OF LICENSE: In	nholder CAT	TEGORY: All Alcohol
<u>-</u>		
VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
O PREMISES:		
r penalties of perjury that:		
will be of the same type for the	e same premises now li	censed;
plied with all laws of the Com	monwealth relating to	taxes; and
open for business (If not exp	lain below)	
	0.07	
al, Partner or Authorized Corp	orate Officer	
LEPHONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
		idum Sooim Sooming I (umooi)
ilding inspector and the hea	d of the fire departme	ent for the above
	LOCAL LICENSIN	NG AUTHORITY
	By:	
	-	
	AL: Annual CLASS  EESECAKE FACTORY RES HEESECAKE FACTORY  REET  STATE: MA  TYPE OF LICENSE: In  VISIT OUR WEBSITE AND ENTER YOUR FO D PREMISES: TEEL BLDG.ONE MAIN EN AURANT, LOUNGE, 2 MEET  If penalties of perjury that: will be of the same type for the plied with all laws of the Company open for business (If not exp  ALEPHONE NUMBER:  LEPHONE NUMBER:	AL: Annual LICENSE CLASS  EESECAKE FACTORY RESTAURANTS INC HEESECAKE FACTORY REET  STATE: MA ZIP CODE: TYPE OF LICENSE: Innholder CAT  VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS D PREMISES: TEEL BLDG.ONE MAIN ENT, CENTER CORRIDAURANT, LOUNGE, 2 MEETING ROOMS AND RO  IT penalties of perjury that: will be of the same type for the same premises now limplied with all laws of the Commonwealth relating to the property of the same type for the same premises now limplied with all laws of the Commonwealth relating to the property of the same premises of the property of the property of the same premises of the property of the same premise



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSED FOR 2013
YEAR
C.
MA ZIP CODE: 02184
:Package Store CATEGORY: All Alcohol
UR EMAIL ADDRESS
ZAR
the same premises now licensed;
Commonwealth relating to taxes; and
explain below)
orporate Officer
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  LOCAL LICENSING AUTHORITY



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	013000047		CITY OR TOWN	BRAINTR	EE
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS	}		YEAR
LICENSEE NAME:	COTTONWOO	DD BEVERAGE, IN	IC.		
DOING BUSINESS A	LIBERTY WI	INE & SPIRITS			
ADDRESS 300 GROV	E ST				
CITY/TOWN: BRAI	NTREE	STATE:	MA ZIP CODE:	02184	
MANAGER: COLLI CHRIS	NS, TOPHER	ΓΥΡΕ OF LICENSI	E:Package Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OU	R WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PRE	MISES:			
BRICK BLDG,ONE F IN FRONT,BACK DC		SEMENT, MAIN E	NTRANCE,EXIT AND	RECEIVING	G DOOR
SIGNED BY		for business (If not			
DATE:	TELEPH	ONE NUMBER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 013000048		CITY OR TOWN	BRAINTRI	EE
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINI	ME: BMP CORPC				
ADDRESS 305					
CITY/TOWN:	BRAINTREE	STATE: N	IA ZIP CODE:	02184	
	PATEL, BHAVANA K.	TYPE OF LICENSE	:Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PR	EMISES:			
STRUCTURE A	APPROX 30 X 70 P.	ARKING IN REAR			
I hereby certify a	and swear under pen	alties of perjury that:			
1. the re	newed license will	be of the same type for	the same premises now	licensed;	
2. the lie	censee has complied	l with all laws of the C	ommonwealth relating to	o taxes; and	
	-	en for business (If not e	•	,	
	Ι.		<b>r</b> ,		
SIGNED BY	Individual, Pa	artner or Authorized C	orporate Officer		
DATE:	TELEP	HONE NUMBER:			TON NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
Please Check Below			LOCALLICENS	UNIC ALITH	ODITY
APPROVED:	<u>-</u>		LOCAL LICENS	ING AUTHO	JRII I
DISAPPROVEI	):		By:		
(If disapproved e					
	· '				
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 013000051		CITY OR TOWN	BRAINTREE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	: KRISH CORPOR		t.	
ADDRESS 267 QU	JINCY AVE			
CITY/TOWN: BR	AINTREE	STATE: MA	ZIP CODE:	02184
	ΓEL, TY ISHNAKANT	YPE OF LICENSE:	Package Store C.	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREM	ISES:		
	NUE, A SIDE ENTI			N ENTRANCE/EXIT Γ AND A N EXIT AT
I hereby certify and	swear under penaltie	es of perjury that:		
	_		he same premises now	licensed;
			mmonwealth relating t	
3. the prem	nises are now open for	or business (If not ex	plain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Cor	porate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
DI CI I DI				
Please Check Below: APPROVED:	]			SING AUTHORITY
DISAPPROVED:			By:	
(If disapproved exp	lain)			
1				



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	13000053		CITY OR TO	JWN DRAINIF	CEE
APPLICATION FOR R	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: F DOING BUSINESS A		•			
ADDRESS 396 WASH	INGTON ST				
CITY/TOWN: BRAIN	NTREE	STATE: M	A ZIP COI	DE: 02184	
MANAGER: FISH, I	IAROLD 7	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIC ONE STORY BLDG,O TO INCLUDE ADDIT EXISTING BLDG TO	CENSED PREI NE ROOM FO ION TO REAR	OR SALES,2 FOR ST R OF EXISTING BLI	ORAGE AND C		
2. the licensee 3. the premises SIGNED BY	has complied v are now open	of the same type for with all laws of the Co for business (If not extended the control of the Co for business (If not extended the control of the control of the same type for the control of the same type for the control of the cont	ommonwealth rela		
DATE:	TELEPH	ONE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	)		LOCAL LI By:	CENSING AUTH	IORITY
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:013000055		CITY OR TOWN	BRAINTRI	EE	
APPLICATION FOR	RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 96 PEAR	A	E & SPIRITS CO. ,INC.				
CITY/TOWN: BRA		STATE: MA	ZIP CODE:	02184		
	YER, JAM N.	TYPE OF LICENSE:P	ackage Store C.	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
DESCRIPTION OF I RETAIL STORE AN I hereby certify and s 1. the renewed 2. the license	LICENSED PRED STORAGE As wear under penaled license will be the has complied	AREA LOCATED IN M	ALL.  ne same premises now namonwealth relating to			
SIGNED BY	Individual, Par	rtner or Authorized Corp	oorate Officer			
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	SING AUTHO	ORITY	
DATE:						



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	3000056		CITY OF	R TOWN	BRAINTR	EE
APPLICATION FOR RI	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: D	EEP CONVENII	ENCE, INC				
DOING BUSINESS A	RESENDES MA	RKET				
ADDRESS 960 WASHI	NGTON STREE	E				
CITY/TOWN: BRAIN	TREE	STATE: N	IA ZIP C	CODE:	02184	
MANAGER: PATEL,	RAMILA TYI	PE OF LICENSE	:Package Store	e Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDRESS	S		_
DESCRIPTION OF LIC	ENSED PREMIS	SES:				
1ST FLOOR RETAIL A WITH HEATING AND ENTRANCE ONTO BA	COMPRESSOR					
I hereby certify and swea	ar under penalties	s of perjury that:				
	_	the same type for	the same pren	nises now	licensed;	
2. the licensee h	as complied with	n all laws of the C	ommonwealth	relating t	o taxes; and	
3. the premises	are now open for	business (If not e	explain below)			
SIGNED BY						
In	idividual, Partner	r or Authorized C	orporate Offic	er		
DATE:	TELEPHON	IE NUMBER:	I	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note	e: <u>NOT</u> Inc	lividual Social S	Security Number)
Please Check Below:			LOCAL	LICENS	SING AUTHO	∩DITV
APPROVED:			By:	LICLIVE	nivo Au IIIv	OKITI
DISAPPROVED:			<b>3</b> ·			
(If disapproved explain)						
DATE						
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K:013000059		CITY OR TOWN BRAINTR	EE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME	: EL SERAPE,	INC		
DOING BUSINESS	S A EL SARAPE	B		
ADDRESS 5 COM	MERCIAL STRI	EET		
CITY/TOWN: BR	AINTREE	STATE: MA	ZIP CODE: 02184	
	AME, ILLERMO	TYPE OF LICENSE: Re	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
DESCRIPTION OF	LICENSED PR	EMISES:		
		TH FRONT ENTRANCE ITCHEN-GRILL-OVENS	E OPENING AT COMMERICAL S.	LST.
I hereby certify and	swear under pen	alties of perjury that:		
1. the renev	wed license will b	be of the same type for the	same premises now licensed;	
2. the licen	see has complied	with all laws of the Com	monwealth relating to taxes; and	
3. the prem	ises are now oper	n for business (If not expl	ain below)	
-				
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICAT	
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, signe	ed by the buildin	g inspector and the head	e certificate required by Chapt d of the fire department for the rance required by Chapter 116	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:	<u> </u>		By:	
DISAPPROVED:				
(If disapproved exp	laın)			
DATE:				
•				



www.mass.gov/abcc

LICENSE NU	MBER: 013000060		CITY OR TOWN BRAIN	TREE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NA	AME: BERTUCCI	S RESTAURANT CORP.		
DOING BUSI	NESS A BERTUCC	CI'S BRICK OVEN RISTO	RANTE	
ADDRESS 40	0 FRANKLIN STRE	EET		
CITY/TOWN:	BRAINTREE	STATE: MA	ZIP CODE: 02184	
MANAGER:	HOLLAND, SHANE K.	TYPE OF LICENSE: Re-	staurant CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PI			
	REST., TWO ROO! WAITING AREA, N		TENSION TO INCLUDE AD	D. DINING
I hereby certify	and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comr	nonwealth relating to taxes; a	nd
3. the	premises are now op	en for business (If not expl	ain below)	
				_
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Chall of the fire department for rance required by Chapter	the above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AU	ГНОRITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiain)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 0	13000062		CITY OR TOW	'N BRAINTR	EE
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: P	epper Dining, Inc				
DOING BUSINESS A	CHILI'S GRILL &	ε BAR			
ADDRESS 180 PEARL	STREET				
CITY/TOWN: BRAIN	TREE	STATE: MA	ZIP CODE:	02184	
MANAGER: Charrier	, William R. TYP	E OF LICENSE: Rest	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		BSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LIC					
1 STORY BLDG., W/F AS FUNCTION ROOM			NG ROOM WI'	TH SECTION F	FOR USE
I hamahar agutify and arra	on under monelties	of manipum, that			
I hereby certify and swe	•	or perjury that: he same type for the s	same nremises n	ow licensed:	
		all laws of the Comm	-		
	•	business (If not explain		is to tanes, and	
SIGNED BY					
I	ndividual, Partner	or Authorized Corpor	rate Officer		
DATE.					
DATE:	TELEPHONE	E NUMBER:		YER IDENTIFICATION INDIVIDUAL SOCIAL SECTION S	
			(****** <u>*****</u>	marvidua bociari	security (validati)
We the undersigned, a		_	_		
Acts of 2004, signed by named license and (2)			_		
of 2010.		•	•		
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 0	13000064		CITY OR TO	WN BRAINTR	EE
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: C	APITOL BC REST	AURANTS, LLC			
DOING BUSINESS A	BUGABOO CREE	K STEAK HOUS	E		
ADDRESS 551 MAHA	R HIGHWAY				
CITY/TOWN: BRAIN	ITREE	STATE: MA	ZIP COD	E: 02184	
MANAGER: EVANS	, MICHAEL TYPE	E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	ASE ALSO VISIT OUR WEBS		EMAIL ADDRESS		
DESCRIPTION OF LIC					
DINING AREA, LOUN	GE, GIFT SHOP A	IND KITCHEN			
I hereby certify and swe	ear under penalties o	f periury that:			
•	license will be of the	1 0 0	e same premises	now licensed;	
2. the licensee l	has complied with a	ll laws of the Com	monwealth relat	ting to taxes; and	
3. the premises	are now open for bu	usiness (If not exp	lain below)		
SIGNED BY	ndividual, Partner o	r Authorized Corr	orate Officer		
•	narvidaar, rarrier o	r rumorized corp	orace officer		
DATE:	TELEPHONE	NUMBER:	EMPL	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO	<u>OT</u> Individual Social S	Security Number)
We the undersigned, a	attest that we are it	n possession (1) tl	he certificate re	couired by Chapt	er 304 of the
Acts of 2004, signed b	y the building insp	ector and the hea	d of the fire de	partment for the	above
named license and (2) of 2010.	the certificate of li	quor hability ins	urance require	d by Chapter 116	o of the Acts
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:	ELIGHIO HO III	ORTT
DISAPPROVED:			·		
(If disapproved explain)	ı				
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 013000065		CITY OR TOWN	BRAINTR	EE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	: F1 BOSTON CAF				
ADDRESS 290 WC					
CITY/TOWN: BR	AINTREE	STATE: MA	ZIP CODE:	02184	
MANAGER: OTT	ΓO, KAREN M. TY	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
RESTAURANT KN	LICENSED PREMI NOWN AS ASCARI, ROOM, BRICKYAR	VIP LOUNGE, TH			
<ol> <li>the renev</li> <li>the licen</li> </ol>	swear under penalties wed license will be of see has complied with ises are now open for	the same type for the all laws of the Co	mmonwealth relating		
SIGNED BY	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate of	spector and the h	ead of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBE	ER: 013000066		CITY OR TOWN	BRAINTRE	EE
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME	E: SPAZIO, INC				
DOING BUSINES	S A SPAZIO'S				
ADDRESS 214 QU	JINCY AVE				
CITY/TOWN: BF	RAINTREE	STATE: MA	ZIP CODE:	02184	
	CHARDI, CHAEL	TYPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF					
		TED ASJACENT TO EXI BAR AREA WITH 10 SEA			IN
3. the pren		n for business (If not expla			
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
Acts of 2004, sign	ed by the buildin	e are in possession (1) the ag inspector and the head te of liquor liability insur	of the fire departn	nent for the a	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] Dlain)		LOCAL LICENSI By:	ING AUTHC	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBER:	013000067		CITY OR TOWN	BRAINTR	EE
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GRANITE SFX I	LC			
DOING BUSINESS A	GRANITE GRI	LL AT 703 FX			
ADDRESS 703 GRA	NITE ST				
CITY/TOWN: BRAI	NTREE	STATE: MA	ZIP CODE:	02184	
MANAGER: JOSEF	H, LOUIS TY	PE OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	ISES:			
DINING ROOM, KIT	CHEN, SERVING	G AREAS, BAR AN	D LOUNGE AREA	AND STORA	.GE
I hereby certify and sw	ear under penaltie	es of perjury that:			
1. the renewed	d license will be o	f the same type for th	ne same premises nov	v licensed;	
2. the licensee	has complied wit	th all laws of the Con	nmonwealth relating	to taxes; and	
3. the premise	s are now open fo	or business (If not exp	plain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICAT	
			(Note: 1401 III	ndividual Social S	security Number)
We the undersigned,	attest that we ar	e in possession (1) t	he certificate requi	red by Chapt	er 304 of the
Acts of 2004, signed					
named license and (2 of 2010.	i) the certificate of	of liquor hability ins	surance required by	Chapter 116	o of the Acts
Please Check Below:			LOCAL LICEN	CINC AUTH	ODITV
APPROVED:			By:	SING AUTH	OKITI
DISAPPROVED:			Dy.		
(If disapproved explain	n)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER:	013000071		CITY OR TOWN	BRAINTRI	EE
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 535 MAHA		STAURANT OF	BRAINTREE INC.		
CITY/TOWN: BRAI		STATE: MA	ZIP CODE:	02184	
MANAGER: MILLE				CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI Main entrance and exit building exiting onto p 260; kitchen, storage a	at front of building of arking lot; dining roo and restrooms at rear of	on Mahar Hwy wi om on one floor v of building			
I hereby certify and sw	•				
	l license will be of the	* -	•		
	has complied with al		•	to taxes; and	
3. the premise	s are now open for bu	isiness (11 not exp	orain below)		
SIGNED BY	Individual, Partner or	r Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	ector and the he	ad of the fire depart	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBI	ER: 013000073		CITY OR TOWN BRAINTE	REE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME	E: NEW CAFÉ ASIA	NA		
DOING BUSINES	S A CAFÉ ASIANA			
ADDRESS 25-27 I	PEARL STREET			
CITY/TOWN: BF	RAINTREE	STATE: MA	ZIP CODE: 02184	
MANAGER: CH	IAU,YING KEE TY	PE OF LICENSE: Res	ctaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	F LICENSED PREMI			
			ITCHEN IN BACK. ONE ENT IN DOWNSTAIRS AREA.	RANCE
I hereby certify and	l swear under penalties	s of perjury that:		
1. the rene	wed license will be of	the same type for the	same premises now licensed;	
2. the licer	nsee has complied with	n all laws of the Comn	nonwealth relating to taxes; and	
3. the pren	nises are now open for	business (If not expla	in below)	
SIGNED BY			0.00	
	Individual, Partner	r or Authorized Corpo	rate Officer	
DATE:				
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			individual books	security (value of )
Acts of 2004, sign	ed by the building in	spector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:	]		By:	
DISAPPROVED:				
(If disapproved exp	oiain)		_	<del></del>
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013	000076		CIT	ΓY OR TOWN	BRAINTR	EE
APPLICATION FOR REM	NEWAL:	Annua	ıl	LICEN	ISED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: 906	, INC					
DOING BUSINESS A SI	NTRA					
ADDRESS 906 WASHIN	GTON ST					
CITY/TOWN: BRAINTI	REE	STATE:	MA	ZIP CODE:	02184	
MANAGER: JENKINS,	BRIAN J. TYP	PE OF LICENS	E:Restaur	ant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	E ALSO VISIT OUR WI		YOUR EMAIL A	ADDRESS		
DESCRIPTION OF LICE STREET LEVEL APPRO TWO ENTRANCES/EXIT	X 1400SQFT.	WITH AN APF				OFT.
ENTRANCE LOCATED	AT THE REAR	R OF THE PRE	MISES.			
1. the renewed lic 2. the licensee has 3. the premises are SIGNED BY	ense will be of s complied with	the same type f	or the sam	wealth relating		
	ividual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:				TION NUMBER: ecurity Number)
We the undersigned, atto Acts of 2004, signed by t named license and (2) th	he building ins	spector and the	e head of	tificate requir	ed by Chapt ment for the	er 304 of the above
of 2010.						
Please Check Below: APPROVED: DISAPPROVED:				OCAL LICEN y:	SING AUTH	ORITY
(If disapproved explain)			- -			
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	::013000078		CITY OR I	OWN	DKAINIK	EE	
APPLICATION FOR	R RENEWAL:	Annual	I	LICEN	SED FOR 20	013	
		CLASS				YEAR	
	OLYMPIAN DINER A OLYMPIAN DINE COCK STREET		T, INC.				
CITY/TOWN: BRA		STATE: MA	ZIP CO	DE:	02184		
	GETIS, PAUL TYPE	~			ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:							
DESCRIPTION OF I Restaurant with bee I hereby certify and s 1. the renewed 2. the license	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE or and wine wear under penalties of ed license will be of the ee has complied with all ses are now open for bu	S:  f perjury that: e same type for the ll laws of the Com	e same premise monwealth rel				
SIGNED BY	Individual, Partner or	r Authorized Corp	orate Officer				
DATE:	TELEPHONE	NUMBER:				TION NUMBER: Security Number)	
Acts of 2004, signed	l, attest that we are in l by the building inspe 2) the certificate of lie	ector and the hea	d of the fire o	lepartr	nent for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL L By:	ICENS	ING AUTH	ORITY	
DATE:							



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013	3000080		CITY OR TOWN BRAIL	NTREE			
APPLICATION FOR RE	NEWAL:	Annual	LICENSED FOR 2013				
		CLASS		YEAR			
LICENSEE NAME: D	& J TAN'S INC	ORPORATED					
DOING BUSINESS A P	an-Asia Cape &	: Grill					
ADDRESS 211 QUINCY	Y AVE						
CITY/TOWN: BRAINT	REE	STATE: MA	ZIP CODE: 02184	4			
MANAGER: TAN, YO	U QIANG TY	PE OF LICENSE: Re	estaurant CATEGO	PRY: Wine and Malt Regular			
EMAIL ADDRESS:							
PLEAS	SE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS				
DESCRIPTION OF LICE							
FIRST FLOOR DINING	ROOM, KITCH	·IEN, RESTROOMS	AND STORAGE IN BASE	MENT 			
I hereby certify and swear	r under penalties	s of periury that:					
•	-		e same premises now licensed	d;			
2. the licensee ha	as complied with	all laws of the Com	monwealth relating to taxes;	and			
3. the premises a	re now open for	business (If not exp	lain below)				
SIGNED BY Inc	dividual, Partner	r or Authorized Corp	oorate Officer				
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTII	FICATION NUMBER:			
			(Note: NOT Individual So	ocial Security Number)			
Acts of 2004, signed by	the building in	spector and the hea	ne certificate required by C nd of the fire department for urance required by Chapte	r the above			
Please Check Below:			LOCAL LICENSING AT	UTHORITY			
APPROVED:			By:				
DISAPPROVED: (If disapproved explain)							
(							
DATE:							



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	013000081		CITY OR	TOWN	BRAINTRI	BE
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A	_					
ADDRESS 173 PEAR	L STREET					
CITY/TOWN: BRAI	NTREE	STATE: MA	ZIP C	ODE:	02184	
MANAGER: BEAU BART		TYPE OF LICENSE: Res	taurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PL	EASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS			-
DESCRIPTION OF LI						
2400 + S/F COMMER ACCESS AND RESTR		; SEATING AREA FOR 5	54; KITCH 	EN ARE	A; FRONT & 	& REAR
SIGNED BY		n for business (If not expla	·	r		
DATE:	TELEPI	HONE NUMBER:				ION NUMBER:
Acts of 2004, signed l	by the buildin	e are in possession (1) the ng inspector and the head te of liquor liability insur	of the fire	e departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013000	082	CITY OR TOWN	BRAINTREE			
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR 2013				
	CLASS		YEAR			
LICENSEE NAME: INNOV	ATIVE DISTRIBUTING CO	NCEPTS LLC				
DOING BUSINESS A BIN E	NDS					
ADDRESS 236 WOOD ROA	D					
CITY/TOWN: BRAINTREE	STATE: MA	ZIP CODE:	02184			
MANAGER:	TYPE OF LICENSE: P	ackage Store CA	ATEGORY: All Alcohol			
EMAIL ADDRESS:						
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS				
DESCRIPTION OF LICENSE	ED PREMISES:					
3100 SQ. FT. OF OPEN RET HANDISAP RAMP AT FROI CLIMATE CONTROLLED S	NT ENTRANCE, 2 BATHRO					
3. the premises are no	mplied with all laws of the Cor w open for business (If not exp ual, Partner or Authorized Cor	plain below)				
marvia	ual, I arther of Authorized Cor	porate Officer				
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER:			
Please Check Below: APPROVED:			ING AUTHORITY			
DISAPPROVED:		By:				
(If disapproved explain)						
DATE:						



www.mass.gov/abcc

LICENSE NUMBER: 013000083		CITY OR TOWN BRAIN	TREE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2 2013
	CLASS		YEAR
LICENSEE NAME: JT FAMILY R	ESTAURANTS,INC		
DOING BUSINESS A VIOLA'S			
ADDRESS 1209 WASHINGTON ST	Γ		
CITY/TOWN: BRAINTREE	STATE: MA	ZIP CODE: 02184	
MANAGER: VIOLA JR., JOSEPH P.	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
	UR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
BUILDING ROUGHLY RECTANG MAIN ENTRANCE ON SHORT SII SIDE(FACING STREET)EXIT DOO FOOTAGE APPROX 1500	DE FACING STREET.E	MERGENCY EXIT LONG SI	DE RIGHT
I hereby certify and swear under pena	lties of perjury that:		
1. the renewed license will b	e of the same type for the	e same premises now licensed;	
•		monwealth relating to taxes; ar	nd
3. the premises are now oper	n for business (If not exp	lain below)	
SIGNED BY Individual, Par	rtner or Authorized Corp	orate Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC	
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificat of 2010.	g inspector and the hea	d of the fire department for t	the above
Please Check Below:		LOCAL LICENSING AUT	ΓHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			<del></del>



www.mass.gov/abcc

APPLICATION FOR RENEWAL:		CITY OR TOWN BRAINT	KLL
	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: ASIAN HIBA	ACHI & SUSHI BUFFET I	NC.	
DOING BUSINESS A ASIAN HII	BACHI & SUSHI BUFFET		
ADDRESS 462 QUINCY AVENU	Е		
CITY/TOWN: BRAINTREE	STATE: MA	ZIP CODE: 02184	
MANAGER: ZHENG, CHUN	TYPE OF LICENSE: Res	taurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PR			
5400 SQ FT WITH TWO DINING ENTRANCE, FOUR EMEGENCY			E MAIN
I hereby certify and swear under per	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now licensed;	
2. the licensee has complie	d with all laws of the Comm	nonwealth relating to taxes; and	I
3. the premises are now open	en for business (If not expla	in below)	
SIGNED BY			
Individual, P	artner or Authorized Corpo	rate Officer	
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA	
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
DATE: TELER  We the undersigned, attest that v Acts of 2004, signed by the buildi named license and (2) the certific of 2010.	we are in possession (1) the ing inspector and the head	(Note: NOT Individual Social certificate required by Chap of the fire department for the	Security Number) oter 304 of the e above
We the undersigned, attest that v Acts of 2004, signed by the buildinamed license and (2) the certific of 2010.  Please Check Below:	we are in possession (1) the ing inspector and the head	(Note: NOT Individual Social certificate required by Chap of the fire department for the	oter 304 of the le above 16 of the Acts
We the undersigned, attest that v Acts of 2004, signed by the buildi named license and (2) the certific of 2010.  Please Check Below: APPROVED:	we are in possession (1) the ing inspector and the head	(Note: <u>NOT</u> Individual Social certificate required by Chap of the fire department for the rance required by Chapter 11	oter 304 of the le above 16 of the Acts
We the undersigned, attest that v Acts of 2004, signed by the buildi named license and (2) the certific of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	we are in possession (1) the ing inspector and the head	(Note: NOT Individual Social certificate required by Chap of the fire department for the rance required by Chapter 11 LOCAL LICENSING AUTH	oter 304 of the le above 16 of the Acts
We the undersigned, attest that v Acts of 2004, signed by the buildi named license and (2) the certific of 2010.  Please Check Below: APPROVED:	we are in possession (1) the ing inspector and the head	(Note: NOT Individual Social certificate required by Chap of the fire department for the rance required by Chapter 11 LOCAL LICENSING AUTH	oter 304 of the le above 16 of the Acts
We the undersigned, attest that v Acts of 2004, signed by the buildi named license and (2) the certific of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	we are in possession (1) the ing inspector and the head	(Note: NOT Individual Social certificate required by Chap of the fire department for the rance required by Chapter 11 LOCAL LICENSING AUTH	oter 304 of the le above 16 of the Acts



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 013000085		CITY OR TOWN	BRAINTREE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: FINIA, LLC			
DOING BUSIN	NESS A FOUR SQUAR	E RESTAURANT	& BAR	
ADDRESS 16-	-18 COMMERCIAL STF	REET		
CITY/TOWN:	BRAINTREE	STATE: N	IA ZIP CODE:	02184
MANAGER:	FANI, MARKO TY	YPE OF LICENSE	:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	ISES:		
2 REST ROOM	CONTAINING 1,430 SQ MS IN REAR OF BUILD wo tables with four chairs	ING. BAR ON TH		
I hereby certify	and swear under penalti	es of perjury that:		
1. the 1	renewed license will be o	of the same type for	the same premises now	licensed;
2. the l	licensee has complied wi	th all laws of the C	ommonwealth relating to	taxes; and
3. the 1	premises are now open for	or business (If not e	explain below)	
SIGNED BY	Individual, Partn	er or Authorized C	orporate Officer	
DATE:				
DATE.	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(110te: 1101 mg	ividual Social Security (vulloci)
Acts of 2004,	signed by the building i	nspector and the l	nead of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo APPROVED:	ow:			SING AUTHORITY
DISAPPROVED.	ED:		By:	
(If disapproved				
( alsappro red	<u>r</u> /			
DATE:				



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 013000086		CITY OR TOWN	BRAINTR	EE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THEE STAR NEW	S, INC.			
DOING BUSINESS	A BRAINTREE HIG	GHLAND MARKE	T		
ADDRESS 1719 W	ASHINGTON STREE	ET			
CITY/TOWN: BRA	AINTREE	STATE: MA	ZIP CODE:	02184	
MANAGER: PAT	EL, ARPAN A. TYP	PE OF LICENSE: P	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
	LICENSED PREMIS				
	IT BEING A PORTIO .CONTAINING STO XIT.				M, WITH
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of	the same type for th	e same premises now	licensed;	
	ee has complied with			o taxes; and	
3. the premi	ses are now open for	business (If not exp	olain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	oorate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	1 EEE TOTA	Z I (CIVIDEI).	(Note: NOT Inc	lividual Social S	Security Number)
Please Check Below:					
APPROVED:			LOCAL LICENS	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	ain)				
DATE					
DATE:					



www.mass.gov/abcc

LICENSE NU	MBER: 013000088		CITY OR	TOWN BRAINTI	REE
APPLICATIO:	N FOR RENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NA	AME: SAKE JAPA	NESE RESTAURANT	3		
DOING BUSI	NESS A SAKE JAPA	ANESE RESTAURAN	ĪΤ		
ADDRESS 91	0 WASHINGTON S	ГКЕЕТ			
CITY/TOWN:	BRAINTREE	STATE: N	AA ZIP CO	ODE: 02184	
MANAGER:	ZHENG, WEN FANG	TYPE OF LICENSE	:Restaurant	CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
	N OF LICENSED PR				
12,100 SQ. FT SECOND FL.	'. WITH DINING AR	REA AND KITCHEN (	ON 1ST FL AN	D OFFICE/STORA	GE ON
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for	the same premi	ises now licensed;	
2. the	licensee has complied	d with all laws of the C	ommonwealth r	elating to taxes; and	I
3. the	premises are now ope	en for business (If not e	explain below)		
SIGNED BY					
	Individual, P	artner or Authorized C	orporate Office	•	
DATE:			E	ADLOVED IDENTIFICA	ATIONALIMED
DATE.	TELEF	PHONE NUMBER:		MPLOYER IDENTIFICA  NOT Individual Social	
					,
Acts of 2004,	signed by the buildi	ve are in possession (1 ng inspector and the l ate of liquor liability :	head of the fire	department for th	e above
of 2010.	c und (2) the certific	ate of inquot massing	insurunce requ	ned by Chapter 11	to of the fiets
Please Check Belo	ow:		LOCAL	LICENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:					



www.mass.gov/abcc

LICENSE NUI	MBER: 013000089		CITY OR TOWN	BRAINTRE	EE .
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NA	AME: BRAINTREE	BREW HOUSE LLC			
DOING BUSIN	NESS A THE BREW	HOUSE			
ADDRESS 703	3 GRANITE STREET				
CITY/TOWN:	BRAINTREE	STATE: MA	ZIP CODE:	02184	
MANAGER:	KESARIS, KESARIS, ALEXANDROS G	TYPE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PRI				
ENTRANCE A WITH TWO H	AS WELL AS AN ENT IANDICAPPED ACC	AINING APPROX 2500 FRANCE IN THE REAR ESSIBLE BATHROOM! I A KITCHEN LOCATE	OF THE BUILDING. THERE IS BOTH	IG. IT IS EQU A BAR ARE	A AS
I hereby certify	and swear under pena	alties of perjury that:			
1. the	renewed license will b	e of the same type for the	same premises now	licensed;	
	=	with all laws of the Com	_	o taxes; and	
3. the	premises are now oper	n for business (If not expl	ain below)		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATI lividual Social Se	
Acts of 2004,	signed by the buildin	e are in possession (1) the g inspector and the hea te of liquor liability insu	d of the fire depart	ment for the a	above
Please Check Belo	OW:		LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i expiaiii)				<del></del>
DATE:					



www.mass.gov/abcc

LICENSE NUM	IBER: 013000090		CITY OR TOWN	BRAINTREE
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
	ME: BRRG1, INC			
ADDRESS 250	GRANITE STREE	T		
CITY/TOWN:	BRAINTREE	STATE: MA	ZIP CODE:	02184
	AL-NAMMARI, BASEL	TYPE OF LICENSE: Re	staurant (	CATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	REMISES:		
SECOND EXIT	EGRESS/SERVIC	EXT TO THE SOUTH PA E CORRIDOR, THREE D ROOMS, KITCHEN, SERV	INING AREAS A	ND BAR AREA; TWO
2. the li	censee has complied	be of the same type for the d with all laws of the Commen for business (If not expl.	nonwealth relating	
2101122 21	Individual, P	Partner or Authorized Corpo	orate Officer	
DATE:	TELEF	PHONE NUMBER:		ER IDENTIFICATION NUMBER:
Acts of 2004, s	igned by the buildi	we are in possession (1) th ing inspector and the head ate of liquor liability insu	d of the fire depar	
Please Check Below APPROVED: [DISAPPROVED] (If disapproved)	D:		LOCAL LICEN By:	SING AUTHORITY
DATE:				